



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

General Contractor Division

237 Coliseum Drive, Macon, GA 31217

478-207-2440

www.sos.ga.gov/index.php/licensing/plb/46

GENERAL CONTRACTOR QUALIFYING AGENT RECIPROCITY APPLICATION

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are valid for one (1) year from date of receipt.

LICENSES REQUIRED

Licenses are required for persons who contract for any residential (residential-basic or residential-light commercial) or general contracting business. See O.C.G.A § 43-41-2 in the Board Law, as well as the Board's rules for definitions.

SECTION 1: PERSONAL INFORMATION

Please be sure to complete all information including your preferred email address for communication with Board staff. All applicants must be a minimum of 21 years old.

The Board has reciprocal agreements with the following states:

LOUISIANA – Commercial license (Building Construction classification) issued by the Louisiana State Licensing Board for Contractors.

MISSISSIPPI – Commercial Contractors license (Building Construction classification) issued by the Mississippi State Board of Contractors.

NORTH CAROLINA – Building Contractor license issued by the North Carolina State Licensing Board for General Contractors.

TENNESSEE – Contractor license (BC or BC-B classification) issued by the Tennessee Board for Licensing Contractors.

To be eligible for reciprocity, the applicant must have held an active license for the past three years that was issued on the basis of examination and has not been penalized by the Board for violations of the law for the past three years.

Submit a letter of verification from the licensing board that administered the examination. Copies of your state license, wall certificate or examination scores are not acceptable.

You must also pass the Georgia Business and Law exam prior to licensure.

SECTION 2: QUALIFYING AGENT

Applicants must submit proof that the business organization for which you are applying as qualifying agent is actively authorized and certified to do business in Georgia. You may visit the Secretary of State, Corporations Division at www.sos.georgia.gov/corporations, to print a copy of your business organization's History page or Letter of Authority.

The applicant may appoint himself or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority.

SECTION 3: WORK EXPERIENCE

Applicants must show one (1) to four (4) years of proven experience depending upon which eligibility requirement you meet under Board Rule 553-4-.01(3)(c)(1), or (2), or (3). Describe the type work you performed, not specific projects. List the dates you have been employed with the employer listed in the first column, NOT the dates you began and completed a particular project. The business organization that is appointing you as qualifying agent should also be listed under your work experience to include the beginning employment date and position title with the organization. Your current experience should end in "Present".

SECTION 4: EMPLOYMENT AFFIDAVIT

You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

SECTION 5: EDUCATION (optional)

Education information is required ONLY IF qualifying under Board Rule 553-4-.01(3)(c)(1) or (2). Submit in a sealed envelope, an official transcript, diploma, or certification from an accredited college, university, or technical school attended if you are applying based on education.

SECTION 6: FINANCIAL RESPONSIBILITY

All questions must be answered. Submit additional documentation as requested in the application.

All applicants must obtain general liability insurance in a minimum amount of \$500,000 per occurrence and **submit a signed, current certificate of insurance with your application**. Binders, information pages, policies and declaration pages are not acceptable. Since you are applying as a qualifying agent, the company for which you are applying as qualifying agent must be shown as the insured on the certificate. The certificate must list the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 as the certificate holder. Also, the applicant must submit proof of workers compensation insurance, if the applicant is currently required by Georgia law to have such.

SECTION 7: GENERAL INFORMATION

All questions must be answered. Submit additional documentation as requested in the application.

SECTION 8: AFFILIATIONS

Applicants must submit names of all persons, entities and business organizations you will be affiliated with as a licensed residential contractor or general contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent. *See O.C.G.A. § 43-41-6(e)*

SECTION 9: APPLICANT AFFIDAVIT

Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C.G.A. §50-36-1.

All applicants are required to submit a copy of a **Secure and Verifiable Document (SVD)** with this application such as a Driver's License, Passport, or other acceptable document OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed. *See O.C.G.A. § 50-36-2.*

VETERANS AND MILITARY SERVICE MEMBERS

Honorably discharged veterans may be eligible for Veterans' Preference Points applied to their examination scores if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

A transitioning service member of the military is on active duty status, or on separation leave, who is within 24 months of retiring or 12 months of separation.

Additional information for Veterans, Military Service Members, Transitioning Service Members and Military Spouses is available online at <http://sos.ga.gov/PLB/acrobat/Forms/PLBVeteransInfo.pdf>

DISABILITY ACCOMMODATION

Persons who have a disability and may require accommodation should obtain the *Request for Disability Accommodation Guidelines* form on the Board's website under Application/Form Downloads.

GENERAL CONTRACTOR QUALIFYING AGENT RECIPROCITY APPLICATION

••• APPLICATION CHECKLIST•••

Applications are valid for one (1) year from date of receipt.

The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Please use this checklist to ensure that you submit a **COMPLETE** application. Do not submit this checklist or instruction pages with your application.

- ☐ Read the Board law and rules thoroughly before completing the application. They are available online at www.sos.ga.gov/index.php/licensing/plb/46. You are responsible for knowing the Board law and rules for your profession.
- ☐ Complete each question and each section of the application. Sign the application and have your signature notarized. All items on the application should be typed or printed.
- ☐ Letter of Authority from the Georgia Corporations Division for the business organization.
- ☐ Certificate of insurance.
 - The business organization must be shown as the insured.
 - Current dates of coverage and signed by the insurance agent/representative.
 - General liability insurance in a minimum amount of \$500,000 per occurrence.
 - The State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 must be listed as the certificate holder.
- ☐ Verification of licensure from the reciprocal state. Copies of your state license, wall certificate or examination scores are not acceptable.
- ☐ Secure and Verifiable Document (SVD) such as a Driver's License, Passport, or other acceptable document.
 - OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed, such as a Permanent Resident Card (front and back)
- ☐ Non-refundable \$200.00 application fee by check or money order payable to State Licensing Board for Residential and General Contractors. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.
- ☐ Mail completed application and supporting documents in a 9 X 12 envelope, unstapled and unfolded.

ADDITIONAL OPTIONAL DOCUMENTATION

- ☐ Official School Transcript, if you wish to qualify under Board Rule 553-4-.01(3)(c)(1) or (2)
- ☐ Military form DD-214, if you wish to apply for veterans' preference points

**** KEEP A COPY OF YOUR COMPLETED APPLICATION AND SUPPORTING DOCUMENTS FOR YOUR RECORDS** - All original materials will be retained by our office and will not be returned to you.

NOTE: After reading the Board law, rules, and all other information listed above, if you have further questions, please contact the Board office at 478-207-2440.



STATE LICENSING BOARD FOR
RESIDENTIAL AND GENERAL CONTRACTORS
General Contractors Division
237 Coliseum Drive, Macon, GA 31217-3858
478-207-2440
www.sos.ga.gov/index.php/licensing/plb/46

Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

GENERAL CONTRACTOR QUALIFYING AGENT RECIPROCITY APPLICATION

Application Fee \$200.00 (non-refundable)

Applications are valid for one (1) year from date of receipt.

License Type: ☒ Qualifying Agent

Method Obtained by: ☒ Reciprocity

SECTION 1: PERSONAL INFORMATION

1. Legal Name to

Appear on License:

FIRST MIDDLE LAST SUFFIX

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

FIRST MIDDLE LAST SUFFIX / MAIDEN

3. Social Security*:

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Date of Birth:

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*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 et seq. and O.C.G.A. § 20-3-295 et seq., 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

4. Physical Address:

(PO BOX NOT ACCEPTABLE)

NUMBER AND STREET

APT OR SUITE#

CITY

STATE

ZIP

5. Mailing Address:

(if different)

NUMBER AND STREET OR PO BOX

APT OR SUITE#

CITY

STATE

ZIP

6. Daytime Phone#:

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Business or Cell
Phone#:

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7. Email Address: _____

8. ☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

9. ☐ Please check this box if you are requesting Veterans' Preference Points. Attached is a copy of my DD-214.

10. ☐ Please check this box if you are at least 21 years of age.

11. I have obtained licensure by examination in:

☐ Louisiana License # _____

☐ Mississippi License # _____

☐ North Carolina License # _____

☐ Tennessee License # _____

Applicant Name:

2. Type: ☐ LLC ☐ LLP/LP ☐ Corporation (state of incorporation): _____

☐ Partnership* ☐ Joint Venture* ☐ Other*: _____

*If the business organization is not an LLC, LLP/LP, or Corporation please submit official company formulation documentation proving the existence of such business organization

3. Physical Business Address:

(PO BOX NOT ACCEPTABLE)	NUMBER AND STREET	SUITE#
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CITY

STATE

ZIP

4. Federal ID #	-									5. Business Phone #	-		-			
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6. Business Organization Email Address: _____

QUALIFYING AGENT AFFIDAVIT

I, _____, certify that I am the ☐ Owner or ☐ Partner or ☐ Officer
Printed Name of Owner/Partner/Officer

for the business organization identified above, and possess binding authority for the business organization and do hereby appoint the applicant to act as a qualifying agent on the business organization's behalf and to take the examination (unless exempted), as required for a Georgia contractor's license.

I further attest that the individual applicant has final approval authority for all construction work performed by the business organization or entity within the State of Georgia and that the individual applicant has final approval authority on all construction matters, including contracts and contract performance and financial affairs related to such construction matters, for each construction job for which his or her license was used to obtain the building permit.

I understand that should the qualifying agent leave the business organization while being the only qualifying agent affiliated with the business organization, the business organization shall promptly notify the appropriate division of the termination of the relationship and shall have 120 days from the termination of the qualifying agent's affiliation to employ another qualifying agent and submit an application for licensure under the new qualifying agent.

Signature of Owner/Partner/Officer

Title

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF _____, 20____

NOTARY PUBLIC

My Commission Expires:

O.C.G.A. § 45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL

The applicant may appoint himself or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority.

SECTION 3: WORK EXPERIENCE

Applicant Name: _____

- Applicants must show one (1) to four (4) years of proven experience depending upon which eligibility requirement you meet under Board Rule 553-4-.01(3)(c)(1), or (2), or (3).
- Describe the type work you performed, not specific projects. List the dates you have been employed with the employer listed in the first column, NOT the dates you began and completed a particular project. The business organization that is appointing you as qualifying agent should be listed under your work experience to include the beginning employment date and position title. Your current experience should end in "Present".

Employer Name, Address (including city and state)	Direct Supervisor	Employment Dates (mo/yr to mo/yr or Present)	Position Title	Type of Work Performed

☐ YES ☐ NO 1. Do you have at least two years' experience coordinating multiple trades?

If **YES**, list the trades: _____

☐ YES ☐ NO 2. Do you have at least one year of experience holding a position in or relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management?

If **NO**, explain: _____

☐ YES ☐ NO 3. Are you a specialty contractor?

If **YES**, list and describe the real property improvements you have completed: _____

SECTION 4: EMPLOYMENT AFFIDAVIT

I, _____
Printed Name of General Contractor (not a company name)

solemnly attest and affirm that _____
Printed Name of Applicant

meets the eligibility requirements for licensure as a general contractor according to one of the of following criteria:

☐ O.C.G.A. § 43-41-6(d)(3)(A)

"Has received a baccalaureate degree from an accredited four-year college or university in the field of engineering, architecture, construction management, building construction, or other field acceptable to the division and has at least one year of proven experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the division;"

OR

☐ O.C.G.A. § 43-41-6(d)(3)(B)

"Has a combination acceptable to the division of academic credits from any accredited college-level courses and proven practical experience working as or in the employment of a general contractor or other proven experience deemed substantially similar by the division equaling at least four years in the aggregate. For purposes of this subparagraph, all university, college, junior college, or community college-level courses shall be considered accredited college-level courses; or"

OR

☐ O.C.G.A. § 43-41-6(d)(3)(C).

"Has a total of at least four years of proven active experience working in a construction industry related field, at least two of which shall have been as or in the employment of a general contractor, or other proven experience deemed acceptable by the division and at least one of which shall have been in or relating to administration, marketing, accounting, estimating, drafting, engineering, supervision, or project management, or functions deemed substantially similar by the division."

Signature of Applicant

Signature of General Contractor

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC

My Commission Expires:

O.C.G.A. §45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL

NOTE: You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

SECTION 5: EDUCATION (optional)

Applicant Name: _____

- Education Information is required ONLY IF qualifying under Board Rule 553-4-.01(3)(c)(1) or (2) :(baccalaureate degree from an accredited four-year college or university in the field of engineering, architecture, construction management, building construction, or other field acceptable to the division and at least one year of proven experience or a combination acceptable to the division of academic credits from any accredited college-level courses and proven practical experience working as or in the employment of a general contractor, or other proven experience deemed substantially similar by the division equaling at least four years in the aggregate).

1. School Name: _____

2. School Address: _____

NUMBER AND STREET or PO BOX

CITY

STATE

ZIP

3. Dates Attended: _____ 4. Major or field studied: _____

5. Degree Awarded: ☐ College-Level Academic Credit Only ☐ Diploma/Certificate ☐ Bachelor ☐ Masters ☐ Doctorate6. ☐ Please check this box if you have submitted an official school transcript.**SECTION 6: FINANCIAL RESPONSIBILITY**

- ☐ YES ☐ NO 1. In order to satisfy the financial responsibility requirement, do you affirm that the business organization has a minimum net worth of \$150,000?
- ☐ YES ☐ NO 2. Has the business organization paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law?
If NO, submit a letter of explanation and any supporting documentation.
- ☐ YES ☐ NO 3. Have you paid all judgments, taxes, student loans or child support payments as required by law?
If NO, submit a letter of explanation and any supporting documentation.
- ☐ YES ☐ NO 4. Have you personally, as an individual, or has any business entity with which you have been involved ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?
If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.
- ☐ YES ☐ NO 5. Have you submitted a certificate of insurance documenting that the business organization currently carries general liability insurance in a minimum amount of \$500,000 per occurrence?
If NO, the application is considered incomplete until received.
- ☐ YES ☐ NO 6. Does the business organization have less than 3 employees (which does not require workers compensation insurance by state law)?
If NO, submit a certificate of insurance documenting your workers' compensation coverage.
- ☐ YES ☐ NO 7. Have you submitted a letter of authority from the Corporations Division showing proof that the business organization for which you are applying as qualifying agent is actively authorized and certified to do business in Georgia? **If NO**, the application is considered incomplete until received.

SECTION 7: GENERAL INFORMATION

Applicant Name:

- ☐ YES ☐ NO 1. Are you of good moral character and otherwise qualified as to competency, ability, integrity and financial responsibility?
- ☐ YES ☐ NO 2. Do you meet the eligibility requirements under Board Rule 553-4-.01(3)(c)(1), (2) or (3)?
If NO, submit a letter of explanation.
- ☐ YES ☐ NO 3. Have you ever been arrested, charged, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? (DUI and DWI are not minor traffic violations.)
- If YES**, you must submit the following:
- a. Submit a letter of explanation for each offence.
 - b. Submit a certified copy of court documents showing arrest, dismissal or final court disposition - conviction/sentencing documents.
 - c. Submit a statement (on official letterhead) from your probation/parole officer regarding your current status or completion of any probation/parole.
- ☐ YES ☐ NO 4. Has any licensing board or agency in Georgia or any other state ever: a) Denied issuance of licensure, renewal, or reinstatement; b) Revoked, suspended, restricted, sanctioned, or probated your license; c) Requested or accepted surrender of your license; d) Reprimanded, fined, or disciplined you?
- If YES**, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents.

SECTION 8: AFFILIATIONS

Applicant Name:

- Applicants must submit names of all persons, entities and business organizations you will be affiliated with as a licensed residential contractor or general contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.

☐ I will **NOT** be affiliated with any persons, entities, or business organizations as a licensed residential contractor or general contractor.

OR

☐ I **WILL** be affiliated with the below listed persons, entities, or business organizations as a licensed residential contractor or general contractor.

Name of Person, Entity, or Business Organization	Type of Affiliation					
	Employee	Owner (please list ownership %)	Director	Partner (please list ownership %)	Member	Qualifying Agent

Please also list any professional certifications you currently hold.

SECTION 9: APPLICANT AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1. _____ I am a United States citizen.

Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.

2. _____ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Printed Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC

My Commission Expires:

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If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL